

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3459-62-012616
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No.

FILED APR 12 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Saint Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTYc. CITY OR TOWN **Saint Louis** mInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Lukes Hospital**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
5555 PershingReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF DEATH

Month

Day

Year

IDa**ELLICOCK****April****1****1962**

5. SEX

female

6. COLOR OR RACE

white7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/27/1878

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home Bookkeeper10b. KIND OF BUSINESS OR INDUSTRY
housekeeper11. BIRTHPLACE (City and state or country)
St. Louis, Mo12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Ellicock

13b. MOTHER'S MAIDEN NAME

Sarah Ann Glasby

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Albert B. Ellicock 5616 Maple18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

terminal embolism RlungINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

465X11

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If not related to the terminal disease condition given in PART I.)

Carcinoma of Urinary Bladder - postop

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1955** to **4/1/62** and last saw her alive on **4/1/62**
Death occurred at **10 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W. Baungeth, M.D.

22b. ADDRESS

3720 Pershing Blvd.

22c. DATE SIGNED

4/2/6223a. BURIAL, CREMATION,
REMOVAL (Specify)
removal

23b. DATE

4/4/62

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

?St. Louis County Mo.

24. FUNERAL DIRECTOR

ADDRESS

C.R. Lupton and sons 7233 Delmar

25. DATE RECD. BY LOCAL REG.

APR 2 1962

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

Housekeeper & Ellis

10, 13a. Bookkeeper & Ellicock

General - Site Manager of A. not known

BY AFFIDAVIT OF Funeral Director

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE, SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.